

POLICY: BQIS COMPLAINTS: SUPPORTED LIVING SERVICES & SUPPORTS

POLICY STATEMENT: It is the policy the Bureau of Quality Improvement Services (BQIS) to investigate complaints involving individuals receiving supported living services funded under the Developmental Disabilities (DD) waiver, Support Services (SS) waiver, Autism (AU) waiver, or State Line Item.

DETAILED POLICY STATEMENT

INITIAL REPORTING

- A. Complaints involving Supported Living Services and Supports provided to an Individual shall be directed to the BQIS Field Director of Quality Assurance (FDQA).

CLASSIFICATION OF COMPLAINT

- A. BQIS shall determine a classification for a complaint using one of the of the following descriptors:
 - 1. urgent - an immediate or direct serious adverse effect on the health, rights or welfare of an Individual;
 - 2. critical - an indirect threat on the health, rights or welfare of an Individual; and
 - 3. non-critical - threats less than those described at (A)(1) and (A)(2) above.

PROTECTED HEALTH INFORMATION

- A. BQIS shall manage Protected Health Information (PHI) in accordance with the Health Insurance Portability & Accountability Act (HIPAA).

PHOTOGRAPHIC DOCUMENTATION

- A. Photographs may be used during an investigation as determined appropriate by BQIS.

INTERVIEWS

- A. BQIS interviews with individuals receiving services from a provider agency shall be 1:1 unless a legal representative requests to participate, or BQIS identifies a need for an interpreter or a BQIS selected advocate.
- B. BQIS interviews with other parties shall be 1:1 unless BQIS determines a need for a BQIS selected third party.

DOCUMENTATION REVIEW

- A. Provider documentation shall be reviewed as determined necessary by BQIS, including:
 - 1. policies;

2. employee files;
3. employee timekeeping records;
4. documentation of services delivery to individuals;
5. other provider documentation as determined appropriate by BQIS.

INVESTIGATION PROTOCOL

- A. BQIS may perform one or more of the following during an investigation:
 1. announced or unannounced visits;
 2. interviews and taking statements;
 3. documentation request;
 4. other activity as determined appropriate by BQIS.

INVESTIGATIVE SUMMARIES

- A. Investigation summaries, including when indicated a request for a Corrective Action Plan (CAP), shall be forwarded to the provider within:
 1. 25 days from completion of fact gathering for urgent investigations;
 2. 30 days from completion of fact gathering for critical investigations;
 3. 60 days from completion of fact gathering for non-critical investigations.

SUBMISSION OF CORRECTIVE ACTION PLANS

- A. Providers shall complete and return a CAP to BQIS as directed.
- B. In the event that a provider:
 1. returns a CAP that is determined by BQIS to be non-acceptable; or
 2. fails to submit a CAP by the deadline included in the CAP request,the provider shall be notified of the reason for non-acceptance, or of non-receipt, and shall forward an amended CAP or the previously non-submitted CAP to BQIS as directed.

VALIDATION OF CORRECTIVE ACTION PLANS

- A. When BQIS is unable to validate successful implementation of a CAP, BQIS shall notify the provider of the reason/s for non-validation and alert the provider to a 2nd attempt at validation, to occur within 20 business days of the 1st validation attempt.
- B. Upon validation of successful implementation of a CAP, BQIS shall prepare a final investigative report and forward to:
 1. the provider indicated;
 2. the individual or individuals around which the complaint was targeted, or when indicated their legal representative;
 3. the BDDS Director;
 4. the BQIS Director;
 5. the FDQA; and

6. the office of Medicaid Policy and Planning (OMPP) when the complaint is substantiated.

FAILURE TO SUBMIT CORRECTIVE ACTION PLANS; FAILURE OF VALIDATION

- A. When a provider:
 1. fails to submit a BQIS accepted CAP following a 2nd attempt; or
 2. fails to submit a requested CAP following a 2nd request; or
 3. fails a 2nd BQIS attempt at validation of an accepted CAP,the provider shall be recommended for referral to the Sanctions Committee.

COMMUNICATION

All written communication between a provider and BQIS shall be in electronic format using email, with the exception of BQIS preapproved fax transmissions or hard copy deliveries.

ADDITIONAL NOTIFICATIONS

- A. Notification of suspected fraud shall be provided as indicated to:
 1. the Medicaid Fraud Control Unit of Indiana; and/or
 2. the Social Security Administration Office of the Inspector General; and/or
 3. other entity as determined by BQIS.

DEFINITIONS

“BQIS” means Bureau of Quality Improvement Services as created under IC 12-12.5.

“HIPAA” means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, enacted by the 104th congress of the United States of America.

“Corrective Action Plan” or “CAP” means an action plan developed by a Provider or vendor in response to a request from DDRS or OMPP as a result of one or both of the following:

1. findings during a survey;
2. any event or circumstance as determined by DDRS or OMPP as applicable.

REFERENCES

IC 12-9-2-3;
IC 12-11-1.1;
IC 12-11-2.1;
IC 12-12.5-1-3

Approved by: Julia Holloway, DDRS Director -

